

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2006 OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, Inc.

• —	0000 rent Period)	0000 (Prior Period)	NAIC Company Cod	de <u>5261</u>	5 Employer's	ID Number	38-3379956		
Organized under the Laws	,	Michigan		State of Domic	ile or Port of Entry	M	lichigan		
Country of Domicile	·			United States	ine of 1 oft of Entry				
Licensed as business type:	Life, Accident &	Health []			ental Service Corpo	oration []			
Licenteed de Bueinese type.	Vision Service (lealth Maintenance		(1		
			vice or Indemnity []		s HMO, Federally Q				
l	•		,		•	_			
Incorporated/Organized	10)/14/1997	Comm	nenced Busines	SS	08/01/1998	3		
Statutory Home Office		228 W. Washi (Street and No				uette, MI 49855 own, State and Zip Co			
Main Administrative Office		(**************************************	,	220 M/ M/ochin		, стата ала ар	,		
Main Administrative Office				228 W. Washir (Street and Nu	mber)				
	arquette, MI 49855 or Town, State and Zip Co				906-225-7 (Area Code) (Teleph				
Mail Address		ashington St.				e, MI 49855			
	`	imber or P.O. Box)		00011		State and Zip Code)			
Primary Location of Books	and Records				V. Washington St.				
	arquette, MI 49855 or Town, State and Zip Co				906-225-7 (Area Code) (Telepho				
Internet Website Address	. Town, State and ZIP CC	,,,,,		www.uphp.cor	, , , ,	one mullibel)			
Statutory Statement Contact	+	Kevin William	Carlson	www.aprip.co.		i-225-7491			
•	·	(Name)	Cancer	-	(Area Code) (Tele	phone Number) (Exte	ension)		
KW	carlson@uphp.con (E-mail Address)	1			906-225-7 (FAX Numb				
Policyowner Relations Cont	act			228 W. Washir	ngton St.				
•	·		d Number)			500			
	arquette, MI 49855 or Town, State and Zip Co			(/	906-225-7 Area Code) (Telephone N				
			0551055						
Name		Title	OFFICER	(S Nar	ne		Title		
Dennis H. Smith	,	Presiden	t	William Ne		Secretary			
Greg A. Gustafson	,	Treasure			,				
			OTHER OFFI	CERS					
		DIRE	ECTORS OR 1	RUSTEE	S				
John Schon John Stindt		James Bog David Jah		William Ner Robert			l Hartberg lurgensen		
Michelle Tavernier		Daviu Jai		Robert	valio	LIIC	rurgensen		
State of	Michigan								
County of	· ·	SS	5						
The officers of this reporting en above, all of the herein describe this statement, together with rel of the condition and affairs of the completed in accordance with that state rules or regulations re respectively. Furthermore, the sexact copy (except for formatting to the enclosed statement.	tity, being duly sworn at assets were the abated exhibits, schedul es aid reporting entitue NAIC Annual States quire differences in recope of this attestatio	, each depose as solute property or es and explanation, y as of the report ment Instructions porting not relate n by the describe	f the said reporting entity ons therein contained, ar- ting period stated above, and Accounting Practice ed to accounting practice ed officers also includes	r, free and clear fr nnexed or referred and of its income es and Procedure s and procedures the related corres	rom any liens or claims of to is a full and true stood and deductions there is manual except to the sponding electronic filir	thereon, except a atement of all the atement of all the afrom for the period extent that: (1) state of their information g with the NAIC, we have the state of th	s herein stated, and that assets and liabilities and d ended, and have been ate law may differ; or, (2) n, knowledge and belief, when required, that is an		
Dennis H. Smith President			Greg A. Gustafson Wil				liam Nemacheck Secretary		
Subscribed and sworn to b		07			. Is this an original formula. If no, 1. State the amend 2. Date filed 3. Number of page	dment number	Yes [X] No []		
Tanya M. Jennings Executive Assistant October 11, 2007									

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	1 1	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	. 00 20,0	0. 00 Baye	0. 00 20,0	0.0.002430		7.0
Group subscribers:						
				•		
	ION		†			
	7 7 -					
0000007		0				0
0299997 Group subscriber subtotal		J	ļ	U	 ^U	l
0299998 Premiums due and unpaid not individually listed		n	<u></u>		h	1
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	0	0	0	0	0	0

EXHIBIT 3 - HEALTH CARE RECEIVABLES

EXHIBIT 5 - HEALTH CARE RECEIVABLES									
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted			
Individually Listed Receivables: Psychotropic Drug Reimbursements. Maternity Case Rates. Pharmacy Rebates. 0699999 - Totals - Other Receivables									
Psychotropic Drug Reimbursements.						209,570 78,124 159,597 447,291			
Maternity Case Rates	53,210	24,914				78,124			
Pharmacy Rebates	159,597	, ,				159.597			
0699999 - Totals - Other Receivables	422,377	24,914				447 291			
000000 101010 01101 10001100100	122 011								
					-				
					-				
					-				
			I		T	I			
	T	I	T	T	T	T			
			1		1				
		†	†		1	T			
Office Order has the state of t					1				
0799999 Gross health care receivables	422,377	24,914				447,291			

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims									
1	2	3	4	5	6	7			
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total			
Claims Unpaid (Reported)		0.004	0.500	4 005		44.004			
Bay Area Medical Center		3,091	6,538	1,665		11,294			
Children's Hospital of Wisconsin		8,638	4,297			12,935			
Chippewa War Memorial		22,145	13,851	2,557		38,553			
Dickinson County Health Care System		26,684	24,793			51,477			
Francis Bell Memorial Hospital		16,278				16,278			
Grandview Hospital		15,722	8,447			24,169			
Marquette General Hospital		62,498	24,041	885	8,853	96,277			
Portage Health Systems		12,906		5,391		18,297			
St. Francis Hospital	4 400 050	22,779	17,216			39,995			
4D Pharmacy Management Systems Inc.	1 , 100 , 056					1,100,056			
0199999 Individually listed claims unpaid.	1,100,056	190,741	99 , 183	10,498	8,853	1,409,331			
0299999 Aggregate accounts not individually listed-uncovered						0			
0399999 Aggregate accounts not individually listed-covered		34,413	6,658	663	2,155	43,889			
0499999 Subtotals	1,100,056	225,154	105,841	11,161	11,008	1,453,220			
0599999 Unreported claims and other claim reserves						4,964,780			
0699999 Total amounts withheld									
0799999 Total claims unpaid						6,418,000			
0899999 Accrued medical incentive pool and bonus amounts						0			

Exhibit 5 - Amounts Due From Parent, Subs

Exhibit 6 - Amounts Due To Parent, Subs

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1 Direct Medical Expense	2 Column 1 as a % of	3 Total Members	4 Column 3 as a % of	5 Column 1 Expenses Paid to	6 Column 1 Expenses Paid to
Payment Method	Payment	Total Payments	Covered	Total Members	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:		-				
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	2,894,805	7 . 5	XXX	XXX		2,894,805
6. Contractual fee payments	35,702,599	92.5	XXX	XXX	35,702,599	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	xxx	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	xxx	XXX	,	
12. Total other payments	38,597,404	100.0	XXX	XXX	35,702,599	2,894,805
13. Total (Line 4 plus Line 12)	38,597,404	100 %	XXX	XXX	35,702,599	2,894,805

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7-1 AKT 2-00 WINDAKT OF TRANSPORTIONS WITH INTERMEDIANCES												
1	2	3	4	5	6								
			Average		Intermediary's Authorized Control Level RBC								
			Average Monthly Capitation	Intermediary's	Authorized								
NAIC Code	Name of Intermediary	Capitation Paid	Conitation	Intermediary's Total Adjusted Capital	Control Loyal BBC								
NAIC Code	Name of intermediary	Capitation Faiu	Сарнаноп	Total Aujusteu Capital	COILLOI LEVEL RBC								

			•										
9999999 Totals		0	XXX	XXX	XXX								
aaaaaaa i UldiS		U	^^^	^^^	^^^								

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

•	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	91,796		10,198	81,598	61 , 199	20,399
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	91,796	0	10,198	81,598	61,199	20,399



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Upper Peninsula Health Plan, Inc.

2. ____

	05.4% 1:			_						(LOCA	TION)			
NAIC Group Code 0000 BUSINESS IN THE STATE (OF Michigan	Comprel	hensive	<u>_</u>	DURING THE YE	:AR 2006	1				NAIC Compar	ny Code	52615	
	1	(Hospital 8	k Medical)	4	5	6	7	8	9	10	11	12	13	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
Total Members at end of:														
1. Prior Year	25,942	296							25,646					
2 First Quarter	26,226	311							25,915					
3 Second Quarter	25,333	279							25,054					
4. Third Quarter	25 , 154	274							24,880					
5. Current Year	25,447	271							25,176					
6 Current Year Member Months	308,317	3,431							304,886					
Total Member Ambulatory Encounters for Year:														
7. Physician	158,896	878							158,018					
8. Non-Physician	3,245	18							3,227					
9. Total	162,141	896	0	0	0	0	0	0	161,245	0	0	0	0	
10. Hospital Patient Days Incurred	3,799	6							3,793					
11. Number of Inpatient Admissions	1,188	2							1,186					
12. Health Premiums Written	48 , 781 , 165	269 , 781							48 , 511 , 384					
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	48,498,038	267 , 112							48,230,926					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	38 , 597 , 404	233,382							38,364,022					
18. Amount Incurred for Provision of Health Care Services	39,781,013	233,868							39,547,145					

(a) For health business: number of persons insured under PPO managed care products _____and number of persons under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Upper Peninsula Health Plan, Inc.

NAIC Group Code 0000 BUSINESS IN THE STATE OF	Consolidated			ı	OURING THE YE	AR 2006				(LOCA	TION) NAIC Compai	nv Code	52615
	1	(Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	25,942	296	0	0	0	0	0	0	25,646	0	0	0	0
2 First Quarter	26,226	311	0	0	0	0	0	0	25,915	0	0	0	0
3 Second Quarter	25,333	279	0	0	0	0	0	0	25,054	0	0	0	0
4. Third Quarter	25 , 154	274	0	0	0	0	0	0	24,880	0	0	0	0
5. Current Year	25,447	271	0	0	0	0	0	0	25,176	0	0	0	0
6 Current Year Member Months	308,317	3,431	0	0	0	0	0	0	304,886	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	158,896	878	0	0	0	0	0	0	158,018	0	0	0	0
8. Non-Physician	3,245	18	0	0	0	0	0	0	3,227	0	0	0	0
9. Total	162,141	896	0	0	0	0	0	0	161,245	0	0	0	0
10. Hospital Patient Days Incurred	3,799	6	0	0	0	0	0	0	3,793	0	0	0	0
11. Number of Inpatient Admissions	1,188	2	0	0	0	0	0	0	1,186	0	0	0	0
12. Health Premiums Written	48 ,781 , 165	269,781	0	0	0	0	0	0	48 , 511 , 384	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	48,498,038	267 , 112	0	0	0	0	0	0	48 , 230 , 926	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	38 , 597 , 404	233,382	0	0	0	0	0	0	38,364,022	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	39,781,013	233,868	0	0	0	0	0	0	39,547,145	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31, prior year	0
2.	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	0
	2.2 Totals, Part 3, Column 7	0
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbances, Column and Let of Column 9)	0
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 14	0
	4.2 Totals, Part 3, Column 9	0
5.	Total profit (loss) on sales, Part 3, Column 14	0
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	0
	6.2 Totals, Part 3, Column 8	0
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	0
8.	Book/adjusted carrying value at end of current period	0
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	0
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interes in more larger and the control of the c	0
2.	Amount loaned during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	0
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
	Total profit (loss) on sale	
	Amounts paid on account or in full during the year	
	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0
10.	Total valuation allowance	
	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	0

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

٠.	book/adjusted carrying value or long-term invested assets.	
2.	Cost of acquisitions during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
	Total profit (loss) on sale0	
	Amounts paid on account or in full during the year	
	Amortization of premium	
	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	
10.	Total valuation allowance	
	Subtotal (Lines 9 plus 10)	
	Total nonadmitted amounts	
13	Statement value of long-term invested assets at end of current period (Page 2.1 ine 7. Column 3)	

5.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Upper Peninsula Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 1

		Ovelity and Maturi	ity Distribution of All Bo	_		IA - SECI	_	and NAIC Designations	_		
	1	2 Over 1 Year Through	3 Over 5 Years Through	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Placed
Quality Rating per the NAIC Designation		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
1. U.S. Governments, Schedules D &		•	,								
1.1 Class 1	1,850,000	1,650,000				3,500,000	100.0	5 , 167 , 950	100.0	3,500,000	
1.2 Class 2						0	0.0	0	0.0		
1.3 Class 3						0	0.0	0	0.0		
1.4 Class 4						0	0.0	0	0.0		
1.5 Class 5						0	0.0	0	0.0		
1.6 Class 6						0	0.0	0	0.0		
1.7 Totals	1,850,000	1,650,000	0	0	0	3,500,000	100.0	5,167,950	100.0	3,500,000	(
2. All Other Governments, Schedules	D & DA (Group 2)										
2.1 Class 1						0	0.0	0	0.0		
2.2 Class 2						0	0.0	0	0.0		
2.3 Class 3						0	0.0	0	0.0		
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
3. States, Territories and Possession	s etc Guaranteed. So	hedules D & DA (Grou	ip 3)	-	-	-		-		-	
3.1 Class 1						0	0.0	0	0.0		
3.2 Class 2						0	0.0	0	0.0		
3.3 Class 3						0	0.0	0	0.0		
3.4 Class 4						0	0.0	0	0.0		
3.5 Class 5						n	0.0	0	0.0		
3.6 Class 6						0	0.0	0	0.0	• • • • • • • • • • • • • • • • • • • •	
3.7 Totals	0	0	0	Λ	0	0	0.0	0	0.0	n	(
4. Political Subdivisions of States, Te	ÿ	·	odulos D & DA (Group	4)	0	U	0.0	0	0.0	0	<u> </u>
4.1 Class 1	IIIIOIIES AIIU FOSSESS	Tons, Guaranteeu, 30n	ledules D & DA (Gloup	4)		0	0.0	0	0.0		
4.2 Class 2							0.0		0.0		
4.3 Class 3						 n	0.0		0.0		
4.4 Class 4		†					0.0		0.0		†
4.5 Class 5						U	0.0	u	0.0	•••••	
4.6 Class 6							0.0	 0	0.0		
	0	0	^	^	^	0		0	0.0	^	,
4.7 Totals	U	U	U D 0 D 0 (C	0	U	U	0.0	U	0.0	0	U
5. Special Revenue & Special Assess	ment Obligations etc.	, Non-Guaranteed, Sch	neaules D & DA (Group	5)			2.0	_			
5.1 Class 1						0	0.0	0	0.0		
5.2 Class 2						ا 0	0.0	0	0.0		
5.3 Class 3		-				ļ0	0.0	0	0.0		
5.4 Class 4						0	0.0	0	0.0		
5.5 Class 5						0	0.0	0	0.0		
5.6 Class 6	1					0	0.0	0	0.0		

0.0

0.0

SCHEDULE D - PART 1A - SECTION 1 (continued)

		Quality and Maturi	ity Distribution of All B	onds Owned December	er 31, at Book/Adjuste	d Carrying Values by I	Najor Types of Issues	and NAIC Designation	S		
	1	2	3	4	5	6	7	8	9	10	11
			Over 5 Years Through	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Placed
Quality Rating per the NAIC Designation		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
6. Public Utilities (Unaffiliated), Sched	lules D & DA (Group (6)	•								
6.1 Class 1						0	0.0	0	0.0		
6.2 Class 2						0	0.0	0	0.0		
6.3 Class 3						0	0.0	0	0.0		
6.4 Class 4						0	0.0	0	0.0		
6.5 Class 5						0	0.0	0	0.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
7. Industrial & Miscellaneous (Unaffili	ated), Schedules D &	DA (Group 7)									
7.1 Class 1						0	0.0	0	0.0		
7.2 Class 2						0	0.0	0	0.0		
7.3 Class 3						0	0.0	0	0.0		
7.4 Class 4						0	0.0	0	0.0		
7.5 Class 5						0	0.0	0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
8. Credit Tenant Loans, Schedules D	& DA (Group 8)	•	•								
8.1 Class 1	` '					0	0.0	0	0.0		
8.2 Class 2						0	0.0	0	0.0		
8.3 Class 3						0	0.0	0	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5						0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	Group 9)	•		-					-	
9.1 Class 1						0	0.0	0	0.0		
9.2 Class 2						0	0.0	0	0.0		
9.3 Class 3						0	0.0	0	0.0		
9.4 Class 4						0	0.0	0	0.0		
9.5 Class 5						0	0.0	0	0.0		
9.6 Class 6						0	0.0	0	0.0		
9.7 Totals	n	n	Ω	Λ	Λ	0	0.0	0	0.0	Λ	ſ

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations 10 Over 1 Year Through Total from Col. 6 Total Publicly Total Privately Placed Over 5 Years Through Over 10 Years Col. 6 as a % From Col. 7 Quality Rating per the NAIC Designation Through 20 Years Over 20 Years % of Line 10.7 1 Year or Less 5 Years 10 Years **Total Current Year** Prior Year Prior Year Traded (a) 10. Total Bonds Current Year 10.1 Class 1 .1,850,000 1,650,000 ..3,500,000 100.0 XXX XXX ..3,500,000 .XXX. 10.2 Class 2 ..0.0 XXX. ..0.0 .XXX. XXX. 10.3 Class 3 XXX. 10.4 Class 4 0.0. XXX. XXX 10.5 Class 5 0.0 XXX 0.0 XXX XXX 10.6 Class 6 0 10.7 Totals 1.850.000 1,650,000 3,500,000 100.0 XXX XXX 3.500.000 10.8 Line 10.7 as a % of Col. 6 52.9 47.1 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 0.0 11. Total Bonds Prior Year XXX 5.167.950 100.0 5.167.950 3.500.000 11.1 Class 1 XXX XXX 11.2 Class 2 0 0 11.3 Class 3 XXX XXX 0.0 11.4 Class 4 XXX XXX 0.0 11.5 Class 5 XXX XXX 0.0 11.6 Class 6 0 XXX XXX 0.0 .XXX. .XXX. 11.7 Totals .1,667,950 .3,500,000 ...0 .100.0 ..5, 167, 950 11.8 Line 11.7 as a % of Col. 8 32.3 67.7 0.0 0.0 0.0 XXX XXX 100.0 XXX 100.0 0.0 12. Total Publicly Traded Bonds .3.500.000 12.1 Class 1 1.850.000 1.650.000 ..3.500.000 100.0 .5.167.950 .100.0 XXX 12.2 Class 2 0 0 0.0 XXX 0.0 XXX 12.3 Class 3 0.0 0.0 XXX 12.4 Class 4 0.0 XXX 12.5 Class 5 0.0 XXX 12.6 Class 6 0.0 0.0 12.7 Totals 100.0 ..5, 167, 950 1,850,000 ,650,000 3,500,000 .100.0 XXX 12.8 Line 12.7 as a % of Col. 6 52.9 47.1 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 XXX 12.9 Line 12.7 as a % of Line 10.7, 52.9 47.1 0.0 0.0 0.0 100.0 XXX XXX 100.0 XXX Col. 6, Section 10 13. Total Privately Placed Bonds XXX 13.1 Class 1 13.2 Class 2 0.0 0.0 XXX 13.3 Class 3 0.0 0.0 XXX 13.4 Class 4 0.0 0.0 XXX XXX 13.5 Class 5 0.0 0.0 XXX 13.6 Class 6 0.0 0 0 13.7 Totals 0.0 0.0 XXX 13.8 Line 13.7 as a % of Col. 6 0.0 0.0 ..0.0 0.0 0.0 0.0 XXX. XXX XXX XXX. .0.0 13.9 Line 13.7 as a % of Line 10.7. 0.0 0.0 0.0 0.0 0.0 XXX XXX XXX XXX 0.0 Col. 6. Section 10

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

SCHEDULE D - PART 1A - SECTION 2

	Maturity Distrib	ution of All Bonds O	wned December 31,	at Book/Adjusted C	arrying Values by N	lajor Type and Subty	pe of Issues				
	1	2 Over 1 Year	3 Over 5 Years	4 Over 10 Years	5	6	7 Col. 6 as a %	8 Total from Col 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
1. U.S. Governments, Schedules D & DA (Group 1) 1.1 Issuer Obligations	1,850,000	1,650,000		1		3,500,000	100.0	5 . 167 . 950	100.0	3,500,000	
Single Class Mortgage-Backed/Asset-Backed Securities	, 1,000,000	1,000,000		•			0.0	5, 107, 950	0.0		
	1,850,000	1,650,000	0	^	0	3,500,000	100.0	5,167,950	100.0	3,500,000	
1.7 Totals	1,800,000	1,000,000	U	U	U	3,500,000	100.0	5, 107, 950	100.0	3,500,000	
2. All Other Governments, Schedules D & DA (Group 2)				4		0	0.0	0	0.0		
Single Class Mortgage-Backed/Asset-Backed Securities							0.0		0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 2.3 Defined						0	0.0	0	0.0		
2.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
2.5 Defined						ļ0	0.0	0	0.0		
2.6 Other						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
S. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)	<u> </u>		<u> </u>	1							
3.1 Issuer Obligations						0	0.0	0	0.0 0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 3.3 Defined						0	0.0	0	0.0 0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
3.5 Defined						0	0.0	0	0.0		
3.6 Other						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
Political Subdivisions of States, Territories and Possessions, Guaranteed, Sched	lules D & DA (Group 4)										
4.1 Issuer Obligations						0	0.0	0	0.0		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
4.3 Defined						0	0.0	0	0.0		
4.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES						0	0.0	0	0.0		
4.5 Defined						ļ	0.0 0.0		0.0 0.0		
4.6 Other				_		Û		Û			
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Scher	ules D & DA (Group 5)	1		-		_		^	0.0		
5.1 Issuer Obligations 5.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0 0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 5.3 Defined						0	0.0	0	0.0		
5.4 Other						0	0.0	0	0.0		
5.5 Defined				ļ			0.0	0	0.0		
5.6 Other		_		_		0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	1

SCHEDULE D - PART 1A - SECTION 2 (continued)

	•	Maturity Distribution		December 31, at Book	/Adjusted Carrying Va	lues by Major Type ar	d Subtype of Iss				
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year Through	Over 5 Years	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)										
6.1 Issuer Obligations						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based											
Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined						0	0.0	0	0.0		
6.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined						0	0.0	0	0.0		
6.6 Other						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffiliated), Schedu	les D & DA (Group 7)										
7.1 Issuer Obligations	<u> </u>					0	0.0	0	0.0		
7.2 Single Class Mortgage-Backed/Asset-Based											
Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined						0	0.0	0	0.0		
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined						0	0.0	0	0.0		
7.6 Other						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
8. Credit Tenant Loans, Schedules D & DA (Group 8	S)	U	<u> </u>	0	·	0	0.0	0	0.0	0	
8.1 Issuer Obligations	, 1					0	0.0	0	0.0		
8.7 Totals	0	0	Λ	Λ	Λ	0	0.0	0	0.0	Ω	
Parents, Subsidiaries and Affiliates, Schedules D	P DA (Group 9)	U	<u> </u>	0	U	U	0.0	U	0.0	U	
	I Group 9)					0	0.0	0	0.0		
9.1 Issuer Obligations							0.0	U	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						0	0.0	0	0.0		
9.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined						0	0.0	0	0.0		
9.6 Other]					0	0.0	0			
9.7 Totals	0	0	0	0	0	0	0.0	0		0	

SCHEDULE D - PART 1A - SECTION 2 (continued) Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues												
	1	2	3	4	5	6	7	8	9	10	11	
		Over 1 Year	Over 5 Years	Over 10 Years		Total		Total From Col. 6		Total Publicly	Total Privately	
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed	
10. Total Bonds Current Year												
10.1 Issuer Obligations	1,850,000	1 ,650 ,000	0	0	0	3,500,000	100.0	XXX	XXX	3,500,000	0	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES												
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0	
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES												
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0	
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0	
10.7 Totals	1,850,000	1.650.000	0	0	0	3.500.000	100.0	XXX	XXX	3.500.000	0	
10.8 Line 10.7 as a % of Col. 6	52.9	47.1	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0	
11. Total Bonds Prior Year	02.0	77.1	0.0	0.0	0.0	100.0	AAA	/////	////	100.0	0.0	
11.1 Issuer Obligations	1.667.950	3.500.000	0	0	0	XXX	XXX	5 , 167 , 950	100.0	5 . 167 . 950	0	
11.1 Issuel Colligations 11.2 Single Class Mortgage-Backed/Asset-Backed Securities			D	D		XXX	XXX		0.0			
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	U			U		ΛΛΛ	ΛΛΛ			U		
11.3 Defined	0	٥	0	0	0	XXX	XXX	0	0.0	0	0	
=			U		U	XXX	XXX	U	0.0	U	D	
11.4 Other			U	U	U	ΛΛΛ		U	0.0	U	U	
	0	0	0	0	0	XXX	XXX	0	0.0	0	0	
11.5 Defined		 N	 N		0	XXX	XXX	0				
11.6 Other	U	U	0	0	U			· ·	0.10	U 5 407 050	· ·	
11.7 Totals	1,667,950	3,500,000	0	0	0	XXX	XXX	5,167,950	100.0	5,167,950	0	
11.8 Line 11.7 as a % of Col. 8	32.3	67.7	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0	
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations	1,850,000	1,650,000				3,500,000	100.0	5 , 167 , 950	100.0	3,500,000	XXX	
12.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	0	XXX	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES												
12.3 Defined						0	0.0	0	0.0	0	XXX	
12.4 Other						0	0.0	0	0.0	0	XXX	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES												
12.5 Defined						0	0.0	0	0.0	0	XXX	
12.6 Other						0	0.0	0		0	XXX	
12.7 Totals	1,850,000	1,650,000	0	0	0	3,500,000	100.0	5, 167, 950	100.0	3,500,000	XXX	
12.8 Line 12.7 as a % of Col. 6	52.9	47 . 1	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX	
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	52.9	47.1	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX	
13. Total Privately Placed Bonds												
13.1 Issuer Obligations						0	0.0	0	0.0	XXX	0	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	XXX	0	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES												
13.3 Defined					<u> </u>	0	0.0	0	0.0	XXX	0	
13.4 Other						0	0.0	0	0.0	XXX	0	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES												
13.5 Defined						0	0.0	0	0.0	XXX	0	
13.6 Other						0	0.0	0		XXX	0	
13.7 Totals	n	0	Λ	0	n	0	0.0	n	0.0	XXX	Ŏ	
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0	
13.9 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0	
10.0 Line 10.7 as a 70 ULLINE 10.7, CUI. U, SECTION 10	0.0	0.0	0.0	0.0	0.0	0.0	\/\/\	\/\/\	\/\/\	\/\/\	0.0	

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

	Short-Term Investments				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year	1,514,884	0	0	1,514,884	(
Cost of short-term investments acquired	58,969			58,969	
3. Increase (decrease) by adjustment	0				
Increase (decrease) by foreign exchange adjustment	0				
Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments	1,540,319			1,540,319	
7. Book/adjusted carrying value, current year	33,534	0	0	33,534	
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	33,534	0	0	33,534	
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	33,534	0	0	33,534	
12. Income collected during year	24,815			24,815	
13. Income earned during year	5,383			5,383	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

SCHEDULE S - PART 3 - SECTION 2

			Re	insurance Ceded Accident and Health Insu	rance Liste	by Reinsuring Con	npany as of Decembe	er 31, Current Year				
1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company Code	Federal ID						Unearned Premiums	Taken Other than for Unearned Premiums			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company Summit Reinsurance Services, Inc	Location	Туре	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
39845	48-0921045	01/01/2006	Summit Reinsurance Services, Inc.	Fort Wayne, Indiana		283,127						
0199999 -	· lotal Authorize	d General Account	- Affiliates			283,127						.
0399999 -	- Iotal Authorize	d General Account	d General Account			283,127 283,127						
0799999	- TOTAL AUTHOLIZE	u anu unauthorize	d General Account		_	203,127						
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1599999	ı otals					283,127						

SCHEDULE S - PART 4

						surance Ceded to U	nauthorized Compar		_				
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+10+11+12+13 But Not in Excess of Col. 8
	·····												
	·····				•								
													
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·····													
1199999	Total		1			•							
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Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		(000 C	millea)			
		1 2006	2 2005	3 2004	4 2003	5 2002
Δ	OPERATIONS ITEMS					
,						
1.	Premiums	3	2	2	2	3
2.	Title XVIII-Medicare	0	0	0	0	0
3.	Title XIX-Medicaid	280	291	300	354	196
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	0
R	BALANCE SHEET ITEMS					
J.,	SALANGE GILLET HEING					
6.	Premiums receivable		0	0	0	0
7.	Claims payable		0	0	0	0
8.	Reinsurance recoverable on paid losses	0	0	0	0	0
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances					
	unpaid			0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
	FUNDS WITHHELD FROM)					
	Funds deposited by and withheld from (F)		0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sheet to identify	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	14,291,719		14,291,719
2.	Accident and health premiums due and unpaid (Line 13)	0		0
3.	Amounts recoverable from reinsurers (Line 14.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	525,799		525,799
6.	Total assets (Line 26)	14,817,518	0	14,817,518
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	6,418,000	0	6,418,000
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	1,015,226		1,015,226
12.	Total liabilities (Line 22)	7,433,226	0	7 , 433 , 226
13.	Total capital and surplus (Line 31)	7,384,292	XXX	7,384,292
14.	Total liabilities, capital and surplus (Line 32)	14,817,518	0	14,817,518
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	0		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	0		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payables/offsets	0		
25.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

States, Ebc			ee Only	Direct Busi	d by States and Terri	Allocate					
States Etc.	6		4 Long-Term Care	3 Disability Income		Life		States. Etc.			
2. Alaska	Totals							States, Etc.			
3. Arziona							AL	1. Alabama			
A Arkansas							AK	2. Alaska			
5. California CA 6. Calorado CO 7. Connecticut CT 8. Delaware DE 9. District of Columbia DC 10. Forcida FL 11. Georgia GA 12. Hawaii HI 13. Idaho ID 14. Illinois IL 15. Indiana IN 16. Iowa IA 17. Kansas KS 18. Kentucky KY 19. Louiseana LA 20. Maine ME 21. Maryand MO 22. Massachuests MA MA NO 22. Massachuests MA MA NO 23. Mississopi MS 24. Mississopi MS 25. Mississopi MS 26. Mississopi MS 27. Mortana MT 28. Nevada NV 30. New Yaft NV 30. New Yaft NV 30. New Yaft NV<							AZ	3. Arizona			
6. Colorado CO T. Connectout CT 8. Delisware DE 9. District of Columbia DC 10. Fiorida FL 11. Georgia GA 12. Hawaii HI 13. Idaho ID 14. Illinois IL 15. Indiana IN 16. Iow IA 16. Iow IA 17. Kansas KS 18. Sentucky KY IS 10. Louisiana LA 20. Maine ME 21. Manyland MO 22. Massachusetts MA 23. Michigan MI 24. Manneota MI 25. Mesisseppi MS 26. Misseoun MO 26. Misseoun MO 30. No							AR	4. Arkansas			
7. Connetout 8. Delaware 9. DE 9. District of Columbia 10. FL 11. Georgia 13. GA 11. Georgia 14. Hill 13. Idaho 10. ID 14. Hillinois IL 15. Indiana 18. IL 16. Iowa 1A. IA 18. IA							CA	5. California			
B. Delivario Columbia DC							CO	6. Colorado			
9. District of Columbia DC To Finds File							CT	7. Connecticut			
9. District of Columbia							DE	8. Delaware			
10. Florida											
11 Georgia GA											
12 Hawaii											
13. Idaho								•			
14. Illinois IL											
15. Inclaina											
15. low											
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18. Kentucky											
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58. Aggregate Other Alien OT							OT				

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SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
					Purchases, Sales or	(Disbursements)						
					Exchanges of	Incurred in						Reinsurance
					Loans, Securities,	Connection with		Income/		Any Other Material		Recoverable/
					Real	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on Losses
NAIC			<u>.</u>		Estate, Mortgage Loans or Other	Undertakings for the Benefit of any	Management Agreements and	Incurred Under		Any Other Material Activity Not in the Ordinary Course of the Insurer's		and/or Reserve
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's	-	Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	38 - 3379956 38 - 3323620	Upper Peninsula Health Plan, Inc					(3,835,028) 3,835,028			•	(3,835,028) 3,835,028	
	38-3323620	Upper Peninsula Managed Care, LLC					3 , 835 , 028			•	3 , 835 , 028	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.		YES
4.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
which	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ment is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory	will be printed below. If the
	MARCH FILING	
9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	N0
12.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES.
13.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
	APRIL FILING	
14.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	N0
15.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
16.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	N0
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